

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	19A	10261	980
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM	71632	01/6/00
RESPONSE FORMALITY REVIEW			11-1-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	U	U	0
3	0	0	0
4	✓	✓	✓
5	✓	✓	
6	✓	0	0
7	0	0	0
8	✓	✓	✓
9	0	0	0
10	0	0	0
11	N		
12	N		
13	N		
14	N		
15	N		
16	N		
17	N		
18	N		
19	N		
20	N		
21	0	0	0
22	✓	✓	✓
23	N		
24	N		
25	N		
26	✓	✓	✓
27	N		
28	N		
29	✓	✓	✓
30	✓	✓	✓
31	✓	✓	✓
32	✓	✓	✓
33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
38	✓	✓	✓
39	✓	✓	✓
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46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50			

Claim	Final	Original	Date
51	✓		
52	—		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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